



36234

Patent Application
Attorney Docket No.: 52493.000102

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

June D. MARTIN et al.

Application No.: 09/620,563

Filing Date: July 20, 2000

Examiner: Eric T. Shaffer

Group Art Unit: 3623

Title: SYSTEM AND METHOD FOR IMPLEMENTING AN IMAGE-BASED
DOCUMENT HANDLING AND DELIVERY SYSTEMTRANSMITTAL LETTERMail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

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Sir:

The following are enclosed for consideration in the above-identified application:

	FEE
<input type="checkbox"/> Response to Notice to File Missing Parts	\$
<input checked="" type="checkbox"/> Response to Office Action of June 4, 2003	\$
<input type="checkbox"/> Declaration: <input type="checkbox"/> Original; <input type="checkbox"/> Supplemental	\$
<input type="checkbox"/> Submission of Formal Drawings	\$
<input type="checkbox"/> Informal Drawings: ___ Sheets ___ Figures	\$
<input type="checkbox"/> Information Disclosure Statement, Form PTO-1449, copy of French and International Search Reports, and 6 references <input type="checkbox"/>	\$
<input type="checkbox"/> Amendment: <input type="checkbox"/> Preliminary; <input type="checkbox"/> § 116; <input type="checkbox"/> § 312; <input type="checkbox"/> Other	\$
<input checked="" type="checkbox"/> Petition for Two-Month Extension of Time	\$420.00
<input type="checkbox"/> Issue Fee: <input type="checkbox"/> Part B - Issue Fee Transmittal <input type="checkbox"/> Part C - Charge to Deposit Account	\$
<input type="checkbox"/> Notice of Appeal	\$
<input type="checkbox"/> Appeal Brief	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Reply Brief	\$
<input type="checkbox"/> Terminal Disclaimer	\$
<input type="checkbox"/> An additional claim fee is required, and is calculated as shown below	\$
<input type="checkbox"/> Other:	\$
TOTAL FEES BEING SUBMITTED	\$420.00



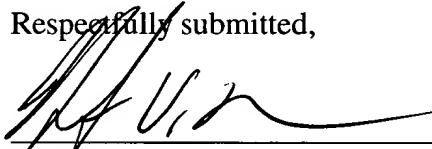
	Claims Remaining	Claims Paid For	Extra	Rate	Fee
Total Claims	21	46	0	x \$18.00	\$
Independent Claims	3	4	0	x \$86.00	\$
Multiple Dependent Claims (if applicable)				\$	\$
TOTAL EXCESS CLAIMS FEE					\$
SMALL ENTITY TOTAL (if applicable)					\$

The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and § 1.17 associated with this communication or credit any overpayment to the deposit account of Hunton & Williams, Deposit Account Number 50-0206.

Respectfully submitted,

Dated: October 6, 2003

By:


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